

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee		FEC IDENTIFICATION NUMBER ▼ C C00495010	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee WDIS		Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 24 / 2013	
Mailing Address 100 Pond Street		Amount 489.6	
City Norfolk	State MA	Zip Code 02056-1610	
Purpose of Expenditure 4/25 to 4/30 Advertising		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21066.97		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Townsquare Media		Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 24 / 2013	
Mailing Address 22 Sconticut Neck Road		Amount 785.4	
City Fairhaven	State MA	Zip Code 02719-1914	
Purpose of Expenditure 4/26 to 4/30 Advertising		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Michael Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21066.97		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1275.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		 	
(c) TOTAL Independent Expenditures..... ▶		 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Kelly Lawler		Date M M M / D D D / Y Y Y Y Y Y Y Y 04 / 24 / 2013	
[Electronically Filed]			